

TROOPS TO TEACHERS

"Continuing a Career of Service"

APPLICATION FOR CERTIFICATION

For use in requesting initial certificates and endorsements.

Office of Arizona Troops to Teachers: P.O. Box 6490, Phoenix, AZ 85005-6490

Telephone: 1-800-830-2134 / (602) 542-4257 Fax: (602) 542-1141

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit a money order, cashiers check or personal check **ONLY** for the amount due, made payable to the Arizona Department of Education (ADE). Fees are **not** refundable. **Cash will not be accepted.**
- Official transcript(s), photocopies will not be accepted.

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____
(For identification purposes only)

Date of Birth: ____/____/____

Gender: M / F

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____-_____
(Home)

Email Address: _____
(Home)

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CERTIFICATION TYPE AND FEES

TEACHING CERTIFICATES:

Are you applying for an elementary, secondary, special education or early childhood certificate under the rules of reciprocity?

____ YES ____ NO

If yes, please include a notarized copy of the valid out-of-state certificate.

| | |
|---|---|
| ____ SUBSTITUTE.....\$60 | ____ EARLY CHILDHOOD.....\$60 |
| ____ ELEMENTARY (K-8).....\$60 | ____ SECONDARY (7-12)(ONE APPROVED AREA)- |
| ____ APPROVED AREA ELEMENTARY (OPTIONAL)- | AREA.....\$60 |
| AREA.....\$60 | ____ ADDITIONAL APPROVED AREA SECONDARY- |
| | AREA.....\$60 |

SPECIAL EDUCATION (K-12):

| | |
|--|--|
| ____ CROSS-CATEGORICAL (ED, LD, MR, O/HI).....\$60 | ____ MENTAL RETARDATION.....\$60 |
| ____ EARLY CHILDHOOD (BIRTH TO AGE 5).....\$60 | ____ ORTHOPEDIC/HEALTH IMPAIRMENT.....\$60 |
| ____ EMOTIONAL DISABILITY.....\$60 | ____ SEVERELY AND PROFOUNDLY DISABLED.....\$60 |
| ____ HEARING IMPAIRED.....\$60 | ____ SPEECH AND LANGUAGE IMPAIRED.....\$60 |
| ____ LEARNING DISABILITY.....\$60 | ____ VISUALLY IMPAIRED.....\$60 |

CAREER AND TECHNICAL EDUCATION CERTIFICATES (K-12):

| | |
|--|---|
| ____ AGRICULTURE, OPTION A, B, C, OR D.....\$60 | ____ HEALTH CAREERS, OPTION A, B, C, OR D.....\$60 |
| ____ BUSINESS AND MARKETING, OPTION A, B, C, OR D.....\$60 | ____ INDUSTRIAL TECHNOLOGY, OPTION A, B, C, OR D.....\$60 |
| ____ FAMILY AND CONSUMER SCIENCES, | |
| OPTION A, B, C, OR D.....\$60 | |

ADMINISTRATIVE CERTIFICATES (PRE K-12):

| | |
|------------------------------|--------------------------|
| ____ PRINCIPAL.....\$60 | ____ SUPERVISOR.....\$60 |
| ____ SUPERINTENDENT.....\$60 | |

PROFESSIONAL NON-TEACHING CERTIFICATES:

| | |
|---|--|
| ____ GUIDANCE COUNSELOR (K-12).....\$60 | ____ SCHOOL PSYCHOLOGIST (PRE K-12).....\$60 |
|---|--|

OTHER CERTIFICATES:

| | |
|---------------------------------|---|
| ____ ADULT EDUCATION.....\$60 | ____ JUNIOR RESERVE OFFICER TRAINING CORPS.....\$60 |
| ____ ATHLETIC COACHING.....\$60 | ____ TEACHER INTERN.....\$60 |

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

ENDORSEMENTS:

(A valid Arizona teaching certificate is required. Endorsements are K-12, unless indicated otherwise.)

| | | | |
|---|------|--|------|
| ___ ART | \$60 | ___ PROVISIONAL ENGLISH AS A SECOND LANGUAGE | \$60 |
| ___ PROVISIONAL BILINGUAL- LANGUAGE:..... | \$60 | ___ FULL ENGLISH AS A SECOND LANGUAGE | \$60 |
| ___ FULL BILINGUAL - LANGUAGE:..... | \$60 | ___ PROVISIONAL GIFTED | \$60 |
| ___ COMPUTER SCIENCE | \$60 | ___ FULL GIFTED | \$60 |
| ___ COOPERATIVE EDUCATION (CAREER AND TECHNICAL EDUCATION CERTIFICATE REQUIRED) | \$60 | ___ LIBRARY MEDIA SPECIALIST | \$60 |
| ___ DANCE | \$60 | ___ MATHEMATICS SPECIALIST (ELEMENTARY OR SPECIAL ED. CERTIFICATE REQUIRED) | \$60 |
| ___ DRAMATIC ARTS | \$60 | ___ MIDDLE GRADE (5-9) | \$60 |
| ___ DRIVER'S EDUCATION | \$60 | ___ MUSIC | \$60 |
| ___ EARLY CHILDHOOD | \$60 | ___ PHYSICAL EDUCATION | \$60 |
| ___ ELEMENTARY FOREIGN LANGUAGE - LANGUAGE:..... | \$60 | ___ READING SPECIALIST | \$60 |
| | | ___ PROVISIONAL STRUCTURED ENGLISH IMMERSION.... | \$60 |
| | | ___ FULL STRUCTURED ENGLISH IMMERSION..... | \$60 |

SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar.

| | COLLEGE OR UNIVERSITY | LOCATION, STATE | DEGREE/MAJOR | DATE |
|----|-----------------------|-----------------|--------------|-------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |

IMPORTANT: Please **maintain** copies of all your personal and professional records for future use.

SECTION 4: PRACTICUM, STUDENT TEACHING AND INTERNSHIPS

Have you completed any student teaching, practicums or internships?....YES___ NO___

If "YES," circle the grade-levels: K 1 2 3 4 5 6 7 8 9 10 11 12 Subject area(s): _____ Dates: _____

To obtain a waiver of student teaching, submit verification of **two years** of full-time teaching experience on official letterhead signed by District Superintendent or Personnel Director.

SECTION 5: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please **attach a full explanation to this application, a statement must be provided with each application.**

1. Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
3. Have you ever been convicted of any felony offense?.....YES___ NO___
4. **Have you ever been arrested for any offense for which you were fingerprinted?**.....YES___ NO___
5. **HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**
 - a Second-degree murder YES___ NO___
 - b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age YES___ NO___
 - c Sexual assault YES___ NO___
 - d Molestation of a child YES___ NO___
 - e Sexual conduct with a minor YES___ NO___
 - f Commercial sexual exploitation of a minor YES___ NO___
 - g Sexual exploitation of a minor YES___ NO___
 - h Child abuse YES___ NO___
 - i Kidnapping YES___ NO___
 - j Sexual abuse of a minor YES___ NO___
 - k Taking a child for the purpose of prostitution as prescribed in section 13-3206 YES___ NO___
 - l Child prostitution as prescribed in section 13-3212 YES___ NO___
 - m Involving or using minors in drug offenses YES___ NO___
 - n Continuous sexual abuse of a child YES___ NO___
 - o Attempted first-degree murder YES___ NO___
 - p Any other dangerous crime against children as defined in section 13-604.01 YES___ NO___
 - q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 YES___ NO___
 - r Any offense causing you to register as a sex offender YES___ NO___
 - s First-degree murder YES___ NO___
 - t Armed Robbery YES___ NO___
 - u Incest YES___ NO___
 - v Exploitation of minors involving drug offenses YES___ NO___
 - w Sexual abuse of a vulnerable adult YES___ NO___
 - x Sexual exploitation of a vulnerable adult YES___ NO___
 - y Commercial sexual exploitation of a vulnerable adult YES___ NO___
 - z Abuse of a vulnerable adult YES___ NO___
 - aa Molestation of a vulnerable adult YES___ NO___
 - bb Neglect of a vulnerable adult YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date _____

Applicant's Signature _____